



COVID 19 (nCorona) Virus Outbreak Control and Prevention State Cell
Health & Family Welfare Department
Government of Kerala

COVID-19 – Advisory for Pregnancy and Labour management– Reg

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WHO has declared the COVID-19 epidemic affecting more than 195 countries as a Pandemic. Due to the inflow of persons from affected countries, Kerala state has strengthened the surveillance and control measures against the disease.

As it is learned from available literature pregnant women have higher risk if COVID -19 infections occurs. Hence all steps should be taken to prevent such infection. Every pregnant woman should realize that **social distancing and hand hygiene** are the two key steps to prevent spread of Covid-19 infection. Traveling for antenatal care can increase the risk of infection. Hence the following modifications are made to the existing guidelines for Antenatal care protocol to reduce the number of visits.

Antenatal Care

1. At the first date of visit itself, confirm the pregnancy and that it is intrauterine. The subsequent visits can be at 12- 13 weeks for NT scan and at 19 -20 weeks for checking for anomalies.
2. In uncomplicated cases the subsequent visits can be at 28wks and the next at 34 to 36 weeks when a growth scan may be ordered if clinically indicated. The next visit at 39 weeks can be used to plan delivery. GTT (75gms, 2hr) should be scheduled to the above visits.
3. Pregnant women should be told to watch for foetal movements from 32 weeks and to call their doctor or JPHN if there are concerns.
4. Those who have facilities to check blood pressure at home should be encouraged to do so weekly from 32 weeks.

5. Whenever possible, telephonic clarification of doubts and apprehensions should be encouraged. If symptoms like bleeding, epigastric pain or head ache occurs; the woman should get advice from the care giver or visit the hospital. Caregivers should discuss this during the hospital visits.
6. Drugs like iron and calcium should be prescribed to cover the extended interval between visits.

Delivery

7. No modifications for induction or conduct of labour are recommended. COVID -19 infections as such is not an indication for cesarean section. However prolonged or difficult labour should be avoided.
8. Each hospital should identify an area to act as Labour Room where a pregnant woman with proven or suspected COVID-19 infections can be looked after without risk to the rest of the patients. Adequate quantities of personal protection equipment have to be kept ready to look after such women.
9. Obstetricians should watch out for guidelines by ICMR especially for the protection of care givers. For example ICMR has recommended use of Hydroxy Chloroquin by those looking after infected or potentially infected patients.
10. The pregnant woman should disclose to the obstetrician any travel or contact history that increases the chance of COVID-19 infection. The obstetricians are encouraged to actively take history of foreign travel and contact with people with history of foreign travel or returnees from foreign countries.
11. As there is no confirmation of trans-placental passage of virus till date, there is no recommendation to isolate the Newborn or withhold breast feeding. An infected mother should wear mask while breast feeding to avoid giving the infection to the baby.


Principal Secretary